



STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



Consent Form - Disposal of Bioterrorism Samples

Lab Number _____

CIR Number _____

_____ I give the LA DHH-OPH Laboratory permission to destroy the Sample once a Negative Result has been reported.

_____ I would like the Sample returned. I, or someone else within my agency, will either pick up the sample or notify the Laboratory of our intent to pick up the sample with in 30 days of receiving a Negative Result. If the Sample is not picked up or the Laboratory has not been contacted by the submitting Agency with in 30 days after a Negative Result is reported, I give the LA DHH-OPH Laboratory permission to destroy the Sample.

Printed Name

Agency/Title

Signature

Phone Number

Date and Time